



# Beneficiary Brief

# Agenda



- 1) TRICARE and the Affordable Care Act (ACA)
- 2) Tidewater Military Health System (MHS)
- 3) TRICARE Regions and Managed Care Support Contractors
- 4) TRICARE Eligibility, DEERS and ID Cards
- 5) Access to Care in a Military Treatment Facility (MTF)
- 6) TRICARE Triple Options – Prime, Extra and Standard
- 7) Additional Health Care Benefits and Special Programs
- 8) How TRICARE Relates to Veterans Affairs (VA) Health Benefits
- 9) Internet and Telephone Resources for Information and Assistance

# TRICARE and the Affordable Care Act



- All TRICARE programs (except line-of-duty care or direct-care-only) meet the minimum essential requirements (MEC) of the Affordable Care Act (ACA)
- Eligibility information in DEERS must be up-to-date and accurate to ensure compliance
- [www.healthcare.gov](http://www.healthcare.gov)



# Tidewater Military Health System

## Military Treatment Facilities in Tidewater

### Naval Medical Center Portsmouth (NMCP)

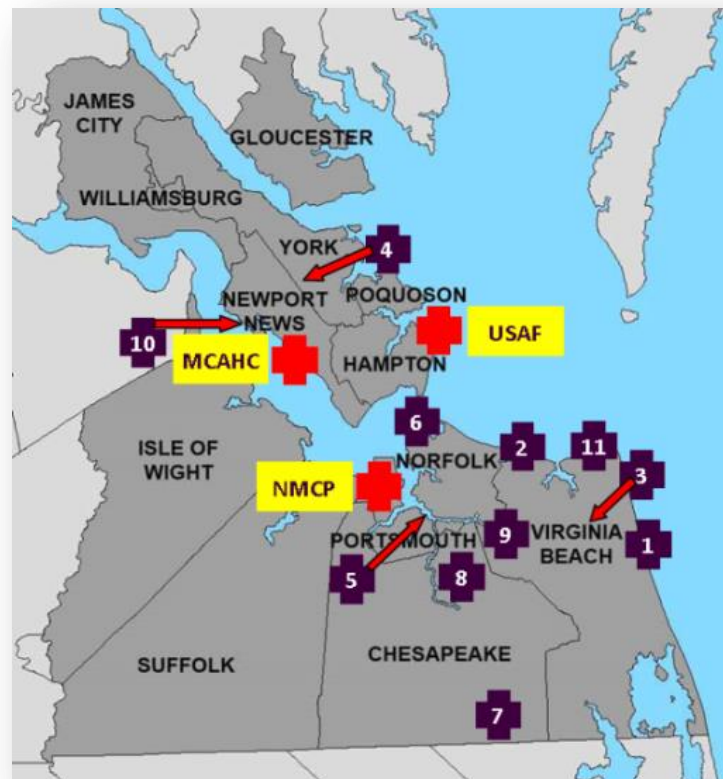
- Branch Health Clinic (BHC), Dam Neck (1)
- BHC, JEB Little Creek (Boone Clinic) (2)
- BHC, Naval Air Station Oceana (3)
- BHC, Naval Weapons Station Yorktown (4)
- BHC, Norfolk Naval Shipyard (5)
- BHC, Norfolk Naval Station (Sewell's Point) (6)
- BHC, Northwest Annex (7)
- TRICARE Prime Clinic (TPC) Chesapeake (8)
- TPC Virginia Beach (9)

### McDonald Army Health Center (MCAHC)

- Troop Medical Clinic 1 (10)
- Troop Medical Clinic 2 (10)
- JEB Fort Story Health Clinic (11)

### USAF Hospital Langley (USAF)/633 MDG

USCG Clinic Portsmouth, Yorktown and  
Elizabeth City, NC



# TRICARE Regions and Contractors



## TRICARE Regional Offices (TRO)

### TRO North

1-866-307-9749

[www.tricare.mil/tronorth](http://www.tricare.mil/tronorth)

### TRO South

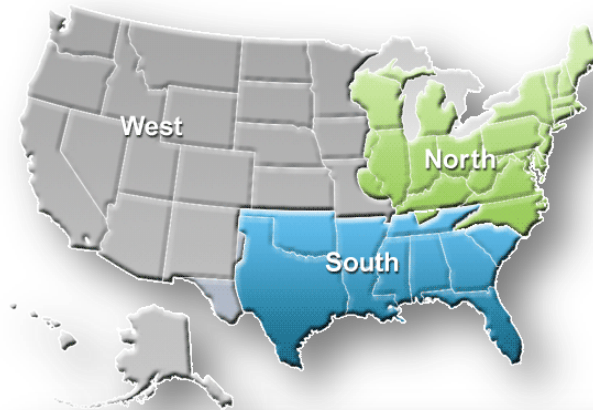
1-800-554-2397

[www.tricare.mil/trosouth](http://www.tricare.mil/trosouth)

### TRO West

1-800-558-1746

[www.tricare.mil/trowest](http://www.tricare.mil/trowest)



## TRICARE Overseas Program International SOS

1-888-777-8343

[www.tricare-overseas.com](http://www.tricare-overseas.com)

## Regional Contractors

### North Region

Health Net Federal Services

1-877-874-2273

[www.hnfs.com](http://www.hnfs.com)

### South Region

Humana Military

1-800-444-5445

[www.humanamilitary.com](http://www.humanamilitary.com)

### West Region

United Healthcare

1-877-988-9378

[www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)

# TRICARE Eligibility, DEERS and ID Cards



- DEERS (Defense Enrollment Eligibility Reporting System)
  - Military personnel function
  - Update with any change in status
  - Rapids sites (ID card offices)
    - Information – 1-800-538-9552
      - [www.milconnect.dmdc.mil](http://www.milconnect.dmdc.mil)
    - Site locator
      - [www.dmdc.osd.mil](http://www.dmdc.osd.mil)
    - Appointments
      - <https://rapids-appointments.dmdc.osd.mil>



# TRICARE-Eligible Beneficiaries



- Sponsor/service member (active, retired, National Guard, Reserves, Medal of Honor recipient)
- Family members
  - Spouse
    - Former (divorced) spouse – specific criteria must be met
  - Children – unmarried to age 21 (23 if full-time student)
    - TRICARE Young Adult to age 26
    - Considerations for adult incapacitated children
- Survivors (spouse and children)
- Others (limited, space-available direct care only)

# Married Service Members



- Married service members
  - If one is retired and one is active duty, register under active duty member for lower costs and higher priority for MTF access-to-care
  - If both are retired, register under one for cost savings (one catastrophic cap)



# Eligibility on Terminal Leave



- While on terminal leave, service members are still active duty until the actual retirement date
  - Remain in TRICARE Prime at final duty station
  - If leaving the area, seek care at any available MTF
    - Contact PCM for authorization for non-emergency care
    - PCM may pre-authorize non-emergency care at a VA facility
- Family members can keep their current coverage, switch programs or, if in Prime, change their PCM
  - TRICARE Prime is not available everywhere

# Eligibility at Retirement



- Regular retirement – service members (SMs) and family members (FM) keep TRICARE
- Medical retirement – SMs with a service disability rating of at least 30% (not the same as a VA disability rating)
  - Temporary Disability Retirement List (TDRL) – SMs and FM keep TRICARE
    - SM evaluated every 18 months, for up to 5 years, when a decision is made to retain on the TDRL, separate from service, return to duty, or move to the Permanent Disability Retirement List (PDRL)
  - PDRL – SM and FM keep TRICARE

# Eligibility for Newborns



- Newborns or newly adopted children are “deemed” TRICARE Prime for the first 60 days (as long as at least one other family member is covered under Prime)
  - Claims processed following Prime guidelines, except:
    - Referral and authorization requirements waived
    - Point-of-service (POS) charges do not apply
- To continue Prime after 60 days, must register in DEERS and enroll in Prime during the first 60 days
  - If not, coverage reverts to Extra/Standard on day 61
- If not registered in DEERS by first birthday, eligibility will be lost



# Unwed Dependent Daughters



- A newborn of an eligible, unwed dependent daughter will not be covered by TRICARE unless the baby's father is a service member, or the dependent daughter's sponsor adopts the newborn, and registers the baby in DEERS
- The dependent daughter remains eligible for TRICARE
- For paternity issues, test as soon after birth as possible
  - Testing is not covered by TRICARE, is not performed at an MTF, and is done at the patient's expense
- Limited space-available care in an MTF may be available
  - Secretary of the Navy Designee Program at NMCP
    - (757) 953-7750

# Incapacitated Adult Children



- Permanent eligibility for special needs adult children
  - Unmarried and incapable of self-support because of a qualifying disability that existed before age 21 (or between age 21 and 23 if a full-time student)
    - Incapacitated student – a physician’s statement that the incapacitation occurred between age 21 and 23, and a letter from the school verifying full-time status are required when applying for permanent eligibility
  - Child relies on the sponsor for over 50% of support (or did at the time of a sponsor’s death)
  - Apply through DEERS at least 90 days before current ID card expires

# Applying for Permanent Eligibility



- Required documentation:
  - Physician's written statement (dated within 90 days)
  - If eligible, proof of Medicare A and B (except ADFMs)
  - Birth certificate and parents' marriage certificate
  - Approved MTF medical sufficiency statement/letter and dependency determination (over 50%) from a uniformed service approval authority
  - DD Form 1172, *Application for Uniformed Services ID Card-DEERS Enrollment* and DD Form 137-5, *Dependency Statement-Incapacitated Child Over Age 21*

# Permanent Eligibility SPOCs



- Service points-of-contact (SPOC) and policy guidance
  - USA – Defense Financing and Accounting Office (DFAS) – Indianapolis; Army Regulation 600-8-14
  - USAF – DFAS – Denver; Air Force Instruction 36-3026\_IP
  - USN – Navy Personnel Command – Millington; BUPERS Instruction 1750.10C
  - USMC – Headquarters Marine Corps – Quantico; Marine Corps Order 5512.11D
  - USCG – Special Needs Program Manager – Washington

# Losing TRICARE Eligibility



- Active duty service member
  - Separate from active duty (not retiring)
  - End of TAMP
- Guard or Reserve member
  - Inactive
  - Retired (under age 60)
  - Eligibility for other programs may apply
- Spouse – divorce (some exceptions)
  - Former (divorced) spouse – remarriage or employer coverage
  - Former (widowed) spouse – remarriage
- Children – age or marriage



# Options when Eligibility is Lost



- Transitional Assistance Management Program (TAMP) – 180 days of ADFM coverage for certain separating service members and families
- Continued Health Care Benefit Program (CHCBP)
  - Optional, temporary (18 – 36 months) coverage
  - Similar to Standard and Extra, but not including use of MTFs
  - Quarterly premiums - \$1,300/individual; \$2,925/family
  - Managed by Humana – [www.humana-military.com](http://www.humana-military.com)
- TRICARE Young Adult (TYA)
  - Optional, premium-based coverage to age 26
  - Monthly premiums - \$306/Prime; \$228/Standard

# TAMP Eligibility



- Eligibility is determined by the separating ADSM's service branch, and is processed through DEERS
- The separating ADSM and family members may be eligible for 180 days of TAMP if the service member:
  - Is involuntarily separated under honorable conditions
  - Separates following an involuntary retention, or voluntary agreement to stay on active duty for less than one year, in support of a contingency operation
  - Receives a sole-survivorship discharge, or
  - Agrees to join the Selected Reserves
- Eligible beneficiaries will be issued a TA-180 ID card

# MTF Access-to-Care Priorities



- 1) Active duty service members (ADSMs)
- 2) Active duty family members (ADFMs) in Prime
- 3) Retirees, family members and survivors in Prime
- 4) TRICARE Plus
- 5) ADFMs not in Prime (includes TRS enrollees)
- 6) Retirees, family members and survivors not in Prime (includes TFL beneficiaries and TRR enrollees)
- 7) Others – space-available direct care only

*Note: MTF ancillary services (emergency room, pharmacy, immunizations, laboratory and radiology) usually available to all TRICARE-eligible beneficiaries on a walk-in basis*

# TRICARE Programs



- Triple Options
  - Prime – managed care; enrollment required
    - Mandatory for ADSMs; optional for others
    - Related – Prime Remote, Overseas Prime and Prime Remote, and USFHP
  - Extra – civilian preferred provider network
  - Standard – civilian fee-for-service non-network
- TRICARE for Life (TFL) – Medicare wrap-around coverage
- TRICARE Reserve Select (TRS)
- TRICARE Retired Reserve (TRR)
- TRICARE Plus – MTF-managed primary care program
- TRICARE Young Adult (TYA)

# TRICARE Prime Programs



- Prime – managed care option available in Prime Service Areas (PSAs) (within 40 miles of an MTF or BRAC site)
  - Mandatory for ADSMs; optional for others, except retirees and retiree family members age 65 and older with Medicare
- Prime Remote – for ADSMs assigned duty in remote locations in the U.S. (more than 50 miles from an MTF).
  - Optional for ADFMs, FM's of activated Guard and Reserves, and surviving family members if certain criteria is met
- Prime Overseas and Prime Remote Overseas – for ADSMs assigned to overseas locations
  - Optional for command-sponsored ADFMs
- Uniformed Services Family Health Plan (USFHP)

# TRICARE for ADSMs



- All ADSMs have TRICARE Prime and priority access to care in military treatment facilities (MTF)
  - Update enrollment with duty station or status change
  - Assigned to PCM at command Medical Department or designated MTF
- PCM gives routine care and coordinates specialty care
- All non-emergency health care is through the Military Health System (MHS)
- MTF appointments in Tidewater scheduled by the Hampton Roads Appointment Center - 1-866-645-4584

# Emergency Care for ADSMs



- In an emergency, call 911 or go to the nearest hospital ER
- ADSMs must notify their Medical Department or PCM after receiving emergency care
  - The patient, hospital staff or a patient representative can contact the NMCP Clinical Communication Center at (757) 953-6289 for assistance
- ADSMs (and other Prime patients) admitted to a civilian hospital after an ER visit may be transferred to a military inpatient facility (such as NMCP) if the patient is stable and the necessary level of care is available at the MTF
- Follow-up care must be coordinated through the PCM

# TRICARE Triple Options for ADFMs



	Prime	Extra	Standard
Annual Deductible (Fiscal Year – FY)	None (except POS)	Sponsor E-4 and below: \$50/individual; \$100/family All others: \$150/individual; \$300/family	
Point-of-Service (POS) Outpatient Deductible (FY)	\$300/individual; \$600/family	N/A	
POS Cost-Share	50%	N/A	
Civilian Provider Visit	\$0	15%	20%
Hospitalization		\$18/day	
Outpatient Behavioral Health		15%	20%
Provider Category	MTF or Network	Network	Non-Network
Balance Billing	No		Up to 15%
Family Catastrophic Cap (FY)	\$1000		



# TRICARE Prime Enrollment



- Coordinated by the regional contractor
  - Health Net for the North Region – 1-877-874-2273
  - Update enrollment when status (including retirement), duty station or address changes
  - Split enrollment – members in different regions
  - New enrollments – 20<sup>th</sup> of the month rule
  - PCM assignment – priority assignment to MTF PCM, where available, or to civilian network PCM

# TRICARE Changes after Retirement



- Lower priority for MTF access-to-care
- If choosing TRICARE Prime
  - Annual enrollment fee
  - Co-pay for civilian office visits
  - Only available in Prime Service Areas (PSAs)
  - Prime Remote and Overseas Prime not available
  - One routine eye exam every 2 years
- If choosing TRICARE Standard and Extra
  - Cost-shares 5% higher than for active duty family members
  - Family catastrophic cap increases from \$1,000 to \$3,000
- When eligible for Medicare, Part B is required to keep TRICARE
- Optional dental coverage offered through Delta Dental

# TRICARE Triple Options for Retirees



	Prime	Extra	Standard
Annual Enrollment Fee	\$282.60/single \$565.20/family	N/A	
Annual Deductible (FY)	None (except POS)	\$150/individual; \$300/family	
Point-of-Service (POS) Outpatient Deductible (FY)	\$300/individual; \$600/family	N/A	
POS Cost-Share	50%	N/A	
Civilian Provider Visit	\$12	20%	25%
Hospitalization	\$11/day	\$250/day or 25%	\$810/day or 25%
Outpatient Behavioral Health	\$25/individual \$17/group	20%	25%
Provider Category	MTF or Network	Network	Non-Network
Balance Billing	No		Up to 15%
Family Catastrophic Cap (FY)	\$3000		

# TRICARE Prime for Retirees



- Available only in Prime Service Areas (PSAs) in the U.S.
  - Within 40 miles of an MTF or BRAC site
- Enroll within 30 days of retirement to continue Prime uninterrupted; otherwise 20<sup>th</sup> of the month rule applies
- Medicare-eligible retirees and family members age 65 and older not eligible for Prime or USFHP

# Prime Appointment Access Standards



- Appointments and access-to-care (ATC) standards
  - Emergency – immediately (911 or nearest ER)
  - Urgent care – 24 hours, or less
  - Routine care – 7 days, or less
  - Specialty or wellness care – 28 days, or less
  - Follow-up care – doctor's discretion
- Drive-time/distance ATC standards
  - PCM – 30 minutes (beneficiary can waive up to 100 miles)
  - Specialty care – 60 minutes
- MTF Prime appointments in Tidewater
  - Hampton Roads Appointment Center (HRAC)
    - 1-866-645-4584

# Prime Point-of-Service (POS)



- Beneficiary liability for unauthorized non-emergency care
  - Includes urgent care and most specialty care without a referral and authorization
  - Does not apply to ADSMs
- Outpatient FY deductible – \$300/individual; \$600/family
- Inpatient and outpatient cost-share – 50% of the TRICARE-allowable charge
  - Possible additional 15% balance-billing for services received from non-network providers
- POS costs do not apply towards the catastrophic cap, and there is no upper limit

# Prime Referrals and Authorizations



- Required for most non-primary, non-emergency care, including urgent and specialty care
- Specialty care offered first at an MTF
- Referral types
  - Evaluate only/second opinion – one or two visits
  - Evaluate and treat – for an episode of care
- ADSMs who receive unauthorized, non-emergency care, including urgent care, from a civilian provider may be responsible for the entire cost of the care
  - Other Prime beneficiaries subject to POS charges

# Prime Referral Process



- PCM submits referral request
- Reviewed by MTF (in Tidewater – NMCP, USAF Hospital Langley or McDonald Army Health Center)
  - If an MTF appointment is not available, patient deferred to a civilian network provider
- For assistance, contact:
  - Health Net – 1-877-874-2273
  - NMCP Clinical Communication Center – (757) 953-6289



# Prime Travel Benefit



- For medically-necessary, non-emergency referrals to a specialist more than 100 miles from the patient's PCM
  - Does not apply to ADSMs as patients or non-medical attendants (NMA) – must have command travel orders
  - MTF or TRICARE Regional Office (for patients with civilian PCMs) prior-authorization required in all cases
  - Reimbursement for reasonable travel expenses for patient and one authorized NMA
    - Meals, fuel, tolls, parking, lodging, transportation
  - NMCP points-of-contact
    - Health Benefits – (757) 953-2610
    - Travel Office – (757) 953-9375/9376/9380/9787

# Traveling with Prime



- If medical care is needed when traveling away from home, use an MTF, if available
  - Emergencies – call 911 or go to the nearest ER
    - Notify PCM within 24 hours
    - Coordinate all follow-up care with PCM
  - Urgent care – medically-necessary within 24 hours
    - Coordinate with PCM
    - Call the Nurse Advice Line – 1-800-874-2273
    - Unauthorized urgent care is point-of-service
    - Coordinate all follow-up care with PCM
  - Routine care not authorized

# TRICARE Claims



- Charges for services received from civilian providers
- Network providers (Prime and Extra) file the paperwork
- Beneficiary claim form for reimbursement – *Patient's Request for Medical Payment (DD Form 2642)*
- North Region processor – Health Net/PGBA ([www.mytricare.com](http://www.mytricare.com))
- Coordination of benefits with OHI
  - OHI is usually primary coverage (pays first)
- Explanation of Benefits (EOB) – monthly statement
  - Individual EOBs sent for denied claims or payment due
  - EOBs available online at [www.mytricare.com](http://www.mytricare.com)
- For claims assistance, contact the provider's billing office, PGBA or a Health Benefit Advisor

# TRICARE Expense Items



- Balance billing – amount (up to 15%) that may be charged for covered services from non-network, non-participating civilian providers above the TRICARE Maximum Allowable Charge (TMAC)
- Catastrophic cap – maximum out-of-pocket expense each FY for which a family is financially liable for authorized, covered services
- Co-payment – a fixed dollar amount beneficiaries pay for certain covered services
- Cost-share – a fixed percentage amount of TMAC or negotiated rates beneficiaries pay for covered services
- Deductible – a fixed dollar amount beneficiaries pay each FY for covered services before TRICARE starts to pay

Continued

# TRICARE Expense Items



## Continued

- Enrollment fee – the annual amount retirees and retiree family members pay to be enrolled in TRICARE Prime or the Uniformed Services Family Health Plan
- Point-of-service (POS) – a Prime/USFHP option that allows non-active duty beneficiaries to obtain certain TRICARE-covered services without referrals and/or prior authorization
- Premium – a monthly or quarterly amount that beneficiaries pay for enrollment in certain TRICARE programs

# Other Programs and Benefits



- 1) Autism Care Demonstration
- 2) Breastfeeding Support
- 3) Cancer Clinical Trials
- 4) Dental Programs
- 5) Disengagement
- 6) Extended Care Health Option
- 7) Mental Health
- 8) National Guard and Reserves
- 9) Nurse Advice Line
- 10) OB and Maternity Care
- 11) Pharmacy
- 12) Preventive Health
- 13) Prior Authorization
- 14) TRICARE for Life
- 15) TRICARE Plus
- 16) TRICARE Young Adult
- 17) Uniformed Services Family Health Plan
- 18) Veterans Affairs

# Comprehensive Autism Care Demo



- Direct or reinforcement applied behavior analysis (ABA) therapy for patients with an autism spectrum disorder (ASD) diagnosis
- Consolidated three previous programs into one Expanded benefit with fewer requirements
- All services require pre-authorization from Health Net
- [www.tricare.mil/plans/specialprograms/autism.asp](http://www.tricare.mil/plans/specialprograms/autism.asp)

ABA Costs (Co-Pays and Cost-Shares; Apply Towards the Catastrophic Cap)	
ADFMs in Prime – \$0	\$0 co-pay
ADFMs with Standard/Extra FMs with TRICARE Reserve Select (TRS)	Standard – 20% cost-share Extra – 15% cost-share
Retired FMs in Prime – \$12 co-pay per visit	\$12 co-pay
Retired FMs with Standard/Extra FMs with TRICARE Retired Reserve (TRR)	Standard – 25% cost-share Extra – 20% cost-share

# Breastfeeding Support



- Eligibility – any pregnant beneficiary, or a eligible female who adopts and intends to breastfeed an infant
- Coverage – prescription required for items and services
  - Heavy-duty hospital-grade breast pump and supplies
    - Medical necessity criteria applies
  - Manual or standard electric pumps, supplies and kits
  - Breastfeeding and lactation counseling





# Cancer Clinical Trials



- Department of Defense (DoD) partnership with the National Cancer Institute (NCI)
- Research studies for the prevention, diagnosis and treatment of cancers and other illnesses
- Open to all TRICARE beneficiaries; TRICARE shares the cost of evaluation and testing to determine participation eligibility, and medical care during the trial
- Information – 1-800-422-6237
  - [www.tricare.mil/Plans/SpecialPrograms/CancerClinicalTrials](http://www.tricare.mil/Plans/SpecialPrograms/CancerClinicalTrials)



# Dental



- Active Duty Dental Program (ADDP) – for ADSMs
  - Military dental treatment facility
  - Authorized civilian care coordinated by United Concordia – <https://secure.addp-ucci.com/ddpddw/>
- TRICARE Dental Program (TDP) – for ADFMs
  - Optional, premium-based coverage
  - MetLife – <https://mybenefits.metlife.com/tricare>
- TRICARE Retiree Dental Program (TRDP) – for retirees and retiree family members
  - Optional, premium-based coverage
  - Delta Dental Plan of California – [www.trdp.org](http://www.trdp.org)

# Disengagement



- Disengagement of an MTF patient to civilian medical care may be necessary when required medical services are beyond the MTF's capability (does not apply to ADSMs)
  - Alternative MTF sources should be considered first before disengaging a patient to civilian care
  - Disengagement (relinquishment of full responsibility for a patient by the MTF) is only for the episode of care for the medical reason for which the patient is being disengaged
  - Disengaged patients should be counseled about their rights and responsibilities, including eligibility for covered services and potential financial liability
- Patients only entitled to MTF direct care are not covered for any services received from civilian providers

# Extended Care Health Option (ECHO)



- Supplements basic TRICARE benefits for ADFMs with qualifying physical or mental conditions
- Sponsor must first be enrolled in the mandatory, service-specific Exceptional Family Member Program (EFMP)
- All services must be pre-authorized by Health Net
  - Health Net ECHO case manager – 1-877-874-2273
  - Tidewater ECHO case manager – 1-800-977-7531
- Fiscal year limit on benefits – \$36,000/beneficiary
- Monthly cost-share per family based on sponsor's pay grade, and only applies in months benefits are used
- [www.tricare.mil/welcome/specialprograms/ECHO.aspx](http://www.tricare.mil/welcome/specialprograms/ECHO.aspx)

# ECHO Costs and Limits



Sponsor Pay Grade	Monthly Cost Share	Sponsor Pay Grade	Monthly Cost Share
E-1 to E-5	\$25	W-5, O-5	\$65
E-6	\$30	O-6	\$75
E-7, O-1	\$35	O-7	\$100
E-8, O-2	\$40	O-8	\$150
E-9, W-1, W-2, O-3	\$45	O-9	\$200
W-3, W-4, O-4	\$50	O-10	\$250

- Monthly cost-share is per sponsor; not per ECHO beneficiary
- Cost-share is paid only if ECHO benefits are used during the month
- Fiscal year limit for what TRICARE will pay for covered benefits per ECHO beneficiary is \$36,000 (not including the ECHO Home Health Care Benefit)
- Unused amounts are not transferable between family members

# Mental Health



- Inpatient and outpatient services available from:
  - Psychiatrists and other physicians
  - Clinical psychologists and licensed clinical social workers
  - Certified psychiatric nurse specialists
  - Certified marriage and family therapists
  - Counselors
- ADSMs must coordinate all mental health care through the military health system (MHS); non-ADSMs can self-refer for the first 8 outpatient visits each FY
  - Subsequent visits require Health Net authorization
  - [www.tricare.mil/mentalhealth](http://www.tricare.mil/mentalhealth)

# National Guard and Reserves



- Components
  - Air Force Reserve
  - Air National Guard
  - Army National Guard
  - Army Reserve
  - Coast Guard Reserve
  - Marine Corps Reserve
  - Navy Reserve
- Categories
  - Ready Reserve
  - Selected Reserve
  - Retired Reserve and Standby Reserve

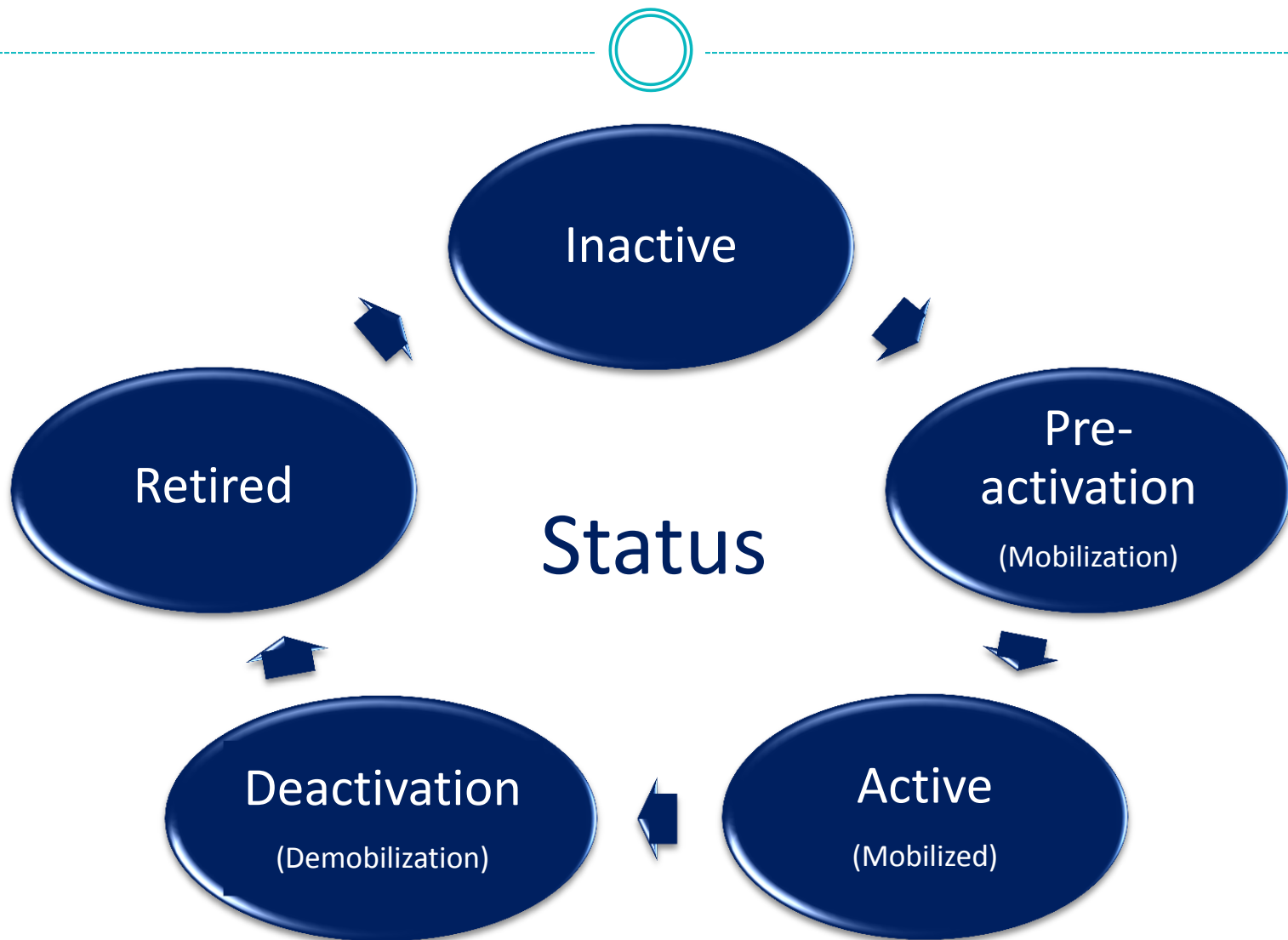
# Guard and Reserves – TRICARE Options



- TRICARE options are based on the sponsor's status
  - Activated for less than 30 days – line-of-duty (LOD) care only
  - Activated for more than 30 days – ADSM/ADFM benefits
  - TRICARE Reserve Select (TRS) – inactive Selected Reserves and family members
  - TRICARE Retired Reserve (TRR) – ‘gray area’ retirees (under age 60) and family members
  - TRICARE for Retirees – regular TRICARE coverage for retirees and their family members when the sponsor reaches age 60



# Guard and Reserves – Status



# Guard and Reserves – Inactive



- Reserve member coverage
  - Line-of-duty (LOD) care
  - TRICARE Reserve Select (TRS)
    - Optional; premium-based
    - Selected Reserve members only
  - TRICARE Dental Program (TDP)
    - Optional; premium-based
- Family member coverage
  - TRS – sponsor must be enrolled
  - TRICARE Young Adult (TYA) Standard – sponsor must be enrolled in TRS
  - TDP

# Guard and Reserves – Line-of-Duty (LOD)



- Medical care for injuries or illnesses incurred or aggravated in the line of duty while on inactive duty training, or active duty orders for less than 30 days
  - Includes injuries sustained while traveling under orders to and from a duty station
- LOD determination is made by the command or National Guard or Reserve unit
- Care provided at MTFs or coordinated by the Reserve and Service Member Support Office (R&SMSO)
  - Formerly the Military Medical Support Office (MMSO)

# Guard and Reserves – TRS



- TRICARE Reserve Select (TRS)
  - Eligibility
    - Inactive Selected Reservists and family members
    - Not eligible for or enrolled in a Federal Employee Health Benefit Plan (FEHBP) (self or spouse)
  - TRICARE Extra/Standard benefits (Standard overseas)
  - Monthly premiums (2016)
    - \$47.90/member; \$210.83/member and family
  - To qualify and purchase coverage – complete the online ‘DMDC Reserve Component Purchased TRICARE Application (RCPTA)’ – <https://www.dmdc.osd.mil/appj/trs>

# Guard and Reserves – Pre-Active



- Early eligibility – up to 180 days before activation with delayed-effective-date orders for more than 30 consecutive days in support of a contingency operation
  - Eligibility ends if orders are cancelled
- Reserve member coverage
  - TRICARE Prime
  - Active Duty Dental Program (ADDP)
- Family member coverage options
  - TRICARE Prime
  - TRICARE Extra/Standard
  - TYA Prime or Standard
  - TDP

# Guard and Reserves – Active



- Activated for more than 30 consecutive days in support of a contingency operation
- Reserve member coverage\*
  - TRICARE Prime
  - Active Duty Dental Program (ADDP)
- Family member coverage options
  - TRICARE Prime/USFHP
  - TRICARE Extra/Standard
  - TYA Prime or Standard
  - TDP

*\* All medical and dental care for ADSMs, including activated National Guard and Reserves, is coordinated through the Military Health System*

# Guard and Reserves – De-Active



- Following activation for more than 30 consecutive days in support of a contingency operation
- Reserve member coverage – 180 days of Transitional Assistance Management Program (TAMP)
  - TRICARE Prime/USFHP
  - TRICARE Extra/Standard
  - ADDP
- Family member coverage options
  - TRICARE Prime/USFHP
  - TRICARE Extra/Standard
  - TYA Prime or Standard
  - TDP

# Guard and Reserves – Gray Area Retiree



- ‘Gray Area’ retiree – under age 60
- TRICARE Retired Reserve (TRR)
  - Eligibility – retirees and FMs not eligible for or enrolled in a Federal Employee Health Benefit Plan (FEHBP) (self or spouse)
  - Benefits – Extra/Standard (Standard overseas)
  - Monthly premiums (2016)
    - \$388.79/member; \$957.44/member and family
  - To qualify and purchase coverage – complete the online ‘DMDC Reserve Component Purchased TRICARE Application (RCPTA)’ (<https://www.dmdc.osd.mil/appj/trs>)
- TRICARE Retiree Dental Program (TRDP)



# Guard and Reserves – Regular Retiree

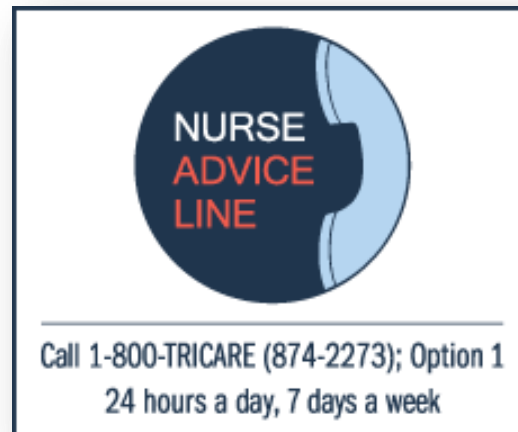


- Regular retirement at age 60
  - Reserve member coverage
    - TRICARE Prime/USFHP
    - TRICARE Extra/Standard
    - TRICARE for Life (TFL) – when eligible for Medicare
    - TRDP
  - Family member coverage
    - TRICARE Prime/USFHP
    - TRICARE Extra/Standard
    - TFL – when eligible for Medicare
    - TYA Prime or Standard
    - TRDP

# Nurse Advice Line (NAL)



- For all beneficiaries in the U.S., including Alaska and Hawaii (does not include USFHP enrollees)
- Answer health care questions and concerns
- Advise on need for care – self, routine, urgent or emergent
- Communicate with MTF PCMs and schedule appointments for MTF Prime-enrolled patients



# OB and Maternity Care



- Prime patients in Tidewater receive OB and maternity care through Women's Health at NMCP (953-4300), or USAF Hospital Langley (764-6994/6992)
- Maternity care includes:
  - Prenatal care, including OB visits and medically-necessary ultrasounds
  - Antepartum care for high risk pregnancies
  - Hospitalization for labor and delivery
  - Postpartum care for up to 6 weeks after delivery
  - Breastfeeding support

# OB and Maternity Care - Costs



TRICARE Prime		
Service	ADSM/ ADFM	Retirees and Retiree Family Members
FY outpatient deductible	No Cost	\$0
Global maternity fee*		\$11/day (\$25 minimum)
Inpatient newborn care		\$11/day (\$25 minimum)
Newborn cost-share for hospital services		Admission date matches date of birth: \$11/day (\$25 minimum) applies to 4th and subsequent inpatient days Admitted after birth date: \$11/day (\$25 minimum) applies to all inpatient days
Professional services fee (home or outpatient delivery)		\$12/visit for mother
Authorized birthing center or hospital-based outpatient birthing room		\$25/day
* After pregnancy is confirmed, most costs are grouped under one diagnosis code. The global fee covers prenatal, inpatient, delivery and postnatal care. Costs depend on beneficiary status, TRICARE program used, and provider (military or civilian).		

# OB and Maternity Care - Costs



## TRICARE Prime Point-of-Service

(unauthorized non-emergency care; does not count towards catastrophic cap)

FY outpatient deductible	ADSM – N/A; All others – \$300/individual or \$600/family
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Inpatient and outpatient cost-share	ADSM – N/A; All others – 50% of TRICARE allowable charge
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## TRICARE Extra (Network) and Standard (Non-network)

Annual FY outpatient deductible	– ADFMs sponsor E-4 and below – \$50/individual; \$100/family
	– All others – \$150/individual or \$300/family

Global fee* for ADFMs and TRS	– \$18/day (\$25 minimum); No cost share for separately billed professional services
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Global fee* for all others	– Extra: less of \$250/day or 25% billed charges, plus 20% professional services
	– Standard: less of \$810/day or 25% billed charges, plus 25% professional services

\* After pregnancy is confirmed, most costs are grouped under one diagnosis code. The global fee covers prenatal, inpatient, delivery and postnatal care. Costs depend on beneficiary status, TRICARE program used, and provider (military or civilian).

# Pharmacy Choices and Costs



Pharmacy		# Days Supply	Formulary		Non-Formulary	
			Generic	Brand Name		
Military Treatment Facility <a href="http://www.tricare.mil/coveredservices/pharmacy">www.tricare.mil/coveredservices/pharmacy</a>		90	No Cost		Not Available	
Home Delivery (1-877-363-1303) <a href="http://www.express-scripts.com/tricare">www.express-scripts.com/tricare</a>			No Cost	\$20	\$49	
Retail Network (1-877-363-1303) <a href="http://www.express-scripts.com/tricare">www.express-scripts.com/tricare</a>		30	\$10	\$24	\$50	
Retail Non-Network	Prime		50% of the total cost after POS deductible is met			
	ADFM Non-Prime		Greater of \$24 or 20% of the total cost after Standard/Extra deductible is met		Greater of \$50 or 20%, after deductible	

- ADSMs do not pay for any authorized prescription medications at any pharmacy.
- The annual TRICARE Standard/Extra deductible or TRICARE Prime point-of-service (POS) deductible for all other beneficiaries does not apply to prescriptions filled through home delivery or at a retail network pharmacy.
- Limited availability of non-formulary medications at retail pharmacies.
- TRICARE pharmacy formulary – [www.express-scripts.com/static/formularySearch/](http://www.express-scripts.com/static/formularySearch/)

# Pharmacy Home Delivery



- Mandatory use of home delivery for select, brand-name maintenance medications (such as allergy, blood pressure, cholesterol or thyroid medications)
- Effective October 1, 2015, required for all beneficiaries, except ADSMs, in the U.S. and U.S. territories
  - Exceptions and waivers
    - Prescriptions filled at an MTF pharmacy
    - Acute care meds (antibiotics, pain meds, etc.)
    - Beneficiaries with OHI prescription coverage
    - Generic versions of maintenance medications
    - If medication is on back-order at Express Scripts
  - Program notifications by mail from Express Scripts

# Pharmacy Electronic Prescriptions (eRx)



Tidewater MTF Pharmacy Site	Published e-RX Site Name	NCPDP/NPI
Branch Health Clinic (BHC) Dam Neck	DoD PORTS VA DAM NECK ePhcy	4845345 / 1396158168
BHC JEB Little Creek-Fort Story (Boone)	DoD PORTS VA LITTLE CRK ePhcy	4845357 / 1205249075
BHC Naval Air Station Oceana	DoD PORTS VA BHC OCEANA ePhcy	4845410 / 1578977666
BHC Norfolk Naval Station (Sewells Point)	DoD PORTS VA BHC SEWELLS PT ePhcy	4845369 / 1205249059
BHC Naval Weapons Station Yorktown	DoD PORTS VA BHC YORKTOWN ePhcy	4845460 / 1952717472
BHC Northwest	DoD PORTS VA NORTHWEST NSG ePhcy	4845888 / 1548664949
Kenner Army Health Clinic, Fort Lee	DoD FT LEE ePhcy	4845395 / 1417361866
McDonald Army Health Center (MCAHC)	DoD FT EUSTIS ePhcy	4845458 / 1861807703
Naval Medical Center Portsmouth (NMCP)	DoD PORTS VA NMC ePhcy	4845371 / 1548673205
Scott Center Annex NNSY Portsmouth	DoD PORTS VA SCOTT CENTER ePhcy	4845838 / 1013319755
TRICARE Prime Clinic (TPC) Chesapeake	DoD PORTS VA TPC CHESAPEAKE ePhcy	4845383 / 1508270950
TPC Virginia Beach	DoD PORTS VA TPC VA BEACH ePhcy	4845408 / 1851704431
USAF Hospital Langley	DoD LANGLEY ePhcy	4845523 / 1720494834
TRICARE Mail Order (Home Delivery)	Express Scripts Home Delivery	2623735 / 1558443911



# Preventive Health and Wellness



Services	Prime <sup>1</sup>	Standard, Extra and TRR
Breast MRIs Clinical Preventive Exams Colon Cancer Screenings Immunizations and Vaccines Mammograms PAP Smears Well-Child Care Visits	No copayment	No cost-share
Cardiovascular Screenings Eye Exams <sup>2</sup> Genetic Testing Infectious Disease Screenings School Physicals <sup>2</sup>	No copayment	Network: 20% Non-network: 25%
<sup>1</sup> Prime, USFHP, Young Adult Prime <sup>2</sup> Benefit restrictions and limits may apply		

# Prior Authorization



- Required for all beneficiaries when TRICARE is the primary payer
  - Certain medications
  - Adjunctive (medically-necessary) dental
  - Home health care and hospice
  - Non-emergency substance abuse or behavioral health admissions
  - Outpatient behavioral health (after the 8<sup>th</sup> visit)
  - Skilled nursing facility care (after day 100 for TFL)
  - Most organ transplants
  - ECHO (ADFM benefit only)
- Not required for services authorized under Medicare or OHI

# TRICARE for Life (TFL)



- For Medicare-eligible beneficiaries – most at age 65; younger with a disability
  - Premium-free Medicare Part A and enrolled in Part B
  - Monthly Part B premium; no TFL enrollment fee
  - TRICARE pays secondary to Medicare
  - Prime not an option for retiree and FM TFL beneficiaries at age 65; under age 65 may enroll in Prime, where available, and the enrollment fee is waived
  - Claims and information – Wisconsin Physician Services
    - [www.tricare4u.com](http://www.tricare4u.com)
- Monthly TFL presentation at NMCP – 2<sup>nd</sup> Tuesday of each month at 9 a.m. in Internal Medicine

# TRICARE Plus



- Primary care program at select MTFs
  - Internal Medicine Clinic at NMCP
- The MTF manages the program and controls enrollment, which is usually by invitation only
- Most enrollees are TFL-eligible, and not eligible for TRICARE Prime
- No enrollment fee or other costs for MTF care
- Access to primary care appointments and benefits is the same as for TRICARE Prime
- Access to specialty care appointments is not guaranteed, but may be offered on a space-available basis or for continuity of care

# TRICARE Overseas Program (TOP)



- Overseas Prime and Overseas Prime Remote are only for ADSMs and command-sponsored family members
  - All others – TRICARE Standard
    - Space-available MTF care
    - Most care from host nation providers
- To find a provider or get assistance
  - TOP Area Office or MTF
  - U.S. Embassy or Consulate
- TOP regional contractor – International SOS
  - 1-888-777-8343 (from the U.S. only)
  - [www.tricare-overseas.com](http://www.tricare-overseas.com)

# TRICARE Young Adult (TYA)



- Eligibility
  - Unmarried child of a TRICARE-eligible sponsor
  - At least 21 (23 if a full-time student), but under age 26
  - Not eligible for an employer health plan
  - National Guard and Reserve sponsors must be eligible for regular TRICARE or TAMP benefits, or must be eligible for and enrolled in either TRS or TRR
    - Children only eligible for TYA Standard/Extra
- Monthly premiums (January – December 2016)
  - Prime: \$306; Standard/Extra: \$228

# U.S. Family Health Plan (USFHP)



- Benefits and costs similar to TRICARE Prime
- 6 geographic locations
- Eligible beneficiaries same as TRICARE, except ADSMs
- Except for emergencies, TRICARE facilities not used
- [www.usfhp.com](http://www.usfhp.com); 1-800-748-7347



Martin's Point Health Care  
Brighton Marine Health Center  
Saint Vincent Catholic Medical  
Centers of New York  
Johns Hopkins Medicine  
CHRISTUS Health  
Pacific Medical Centers

# Veterans Affairs (VA)



- Eligibility for VA health care benefits
  - Discharged or separated from military service under conditions other than dishonorable
    - Minimum duty requirements may apply
  - Reserve and National Guard member called to active duty (other than for training only)
- Military retirement and dual eligibility
  - Retirees and family members keep TRICARE
  - With or without a VA disability rating, retirees may apply for VA health care benefits
- Information – <http://www.va.gov/health/>



# Online Information



- Medicare – [www.medicare.gov](http://www.medicare.gov)
- NMCP – [www.med.navy.mil/sites/NMCP2/](http://www.med.navy.mil/sites/NMCP2/)
- Reserve Affairs – [www.defenselink.mil/ra](http://www.defenselink.mil/ra)
- Social Security – [www.ssa.gov](http://www.ssa.gov)
- TRICARE – [www.tricare.mil](http://www.tricare.mil)
- Veterans Affairs – [www.va.gov](http://www.va.gov)
- Veterans Health Administration – [www.va.gov/health](http://www.va.gov/health)



# Tidewater Health Benefit Advisors



- Beneficiary Counseling and Assistance Coordinators and Debt Collection Assistance Officers in Tidewater
  - McDonald Army Health Center – (757) 314-7939
  - NMCP – 953-2610
  - USAF Hospital Langley – 225-5111
  - Branch Health Clinic (BHC) Dam Neck – 953-9522
  - BHC Little Creek (Boone Clinic) – 953-8182
  - BHC Norfolk (Sewell's Point) – 953-8708
  - BHC Northwest – 421-8220
  - BHC Oceana – 953-3933 (option 7)
  - BHC Yorktown – 953-8441
  - TRICARE Prime Clinic (TPC) Chesapeake – 953-6382
  - TPC Virginia Beach – 953-6710



# Tidewater Military Health System

620 John Paul Jones Circle  
Portsmouth, Virginia 23708



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